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PTO/5B/30 (04-03)

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| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|
| REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/725,870 |
| | Filing Date | December 20, 2003 |
| | First Name Inventor | Hang Li |
| | Group Art Unit | 1762 |
| | Examiner Name | Bareford, Katherine A. |
| | Attorney Docket No. | 10541-1851(10276) |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114**

a. ☐ Previously Submitted

i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered)

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☐ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(f) required)

b. ☐ Other _____

3. **Fees**

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-3708

i. ☒ RCE fee required under 37 C.F.R. § 1.17(e)

ii. ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2036 enclosed)

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | |
|-----------------------------------------------------|--------------------------|-----------------------------------|--------------|
| Name (Print/Type) | Frank G. McKenzie | Registration No. (Attorney/Agent) | 29,242 |
| Signature | <i>Frank G. McKenzie</i> | Date | May 22, 2006 |

| CERTIFICATE OF MAILING OR TRANSMISSION | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark office on: | |
| Name (Print/Type) | Renee D. East |
| Signature | <i>Renee D. East</i> |
| Date | May 22, 2006 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND COMPLETED FORMS TO THE FOLLOWING ADDRESS: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10541-1851

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|-----------------------------------------------------------|---------------|--------------|
| TOTAL CLAIMS | 11 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 11 minus 20 = | 0 |
| INDEPENDENT CLAIMS | 2 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

2-27-06

| | (Column 1) | (Column 2) | (Column 3) |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 5/22/06 | Minus | ** |
| Independent | 5/22/06 | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 5/22/06 | Minus | ** 20 |
| Independent | 5/22/06 | Minus | *** 3 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|-------------------------------------------------------------------------|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus | ** |
| Independent | | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9= | | OR | XS18= | - |
| X43= | | OR | X86= | - |
| +145= | | OR | +290= | - |
| TOTAL | | OR | TOTAL | 770 |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9= | | OR | XS18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |